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ABSTRACT

A 12-week program was developed and implemented with the purpose of utilizing classical literature to encourage prosocial skills in eight students, with aggressive and violent behaviors, residing in a private residential treatment center. The program was initiated in response to the increasingly high numbers of student attacks on mental health staff. The program used high interest reading materials and videotape recordings, with students in grades 5 through 12 who had reading abilities between grades 3 and 5. The adapted and abridged literature included "Tale of Two Cities," "Jane Eyre," "The Scarlet Letter," "The Time Machine," "Frankenstein," and "Dr. Jekyll and Mr. Hyde." The program used discussion, role playing, and guided thinking skills to establish cooperation with authority figures and remediate behavior. Following the program, aggressive behaviors toward mental health workers decreased by 50 percent, students increased their ability to articulate feelings appropriately, and there was a 23 percent decrease in staff and peer injuries throughout the facility. Fifty percent of the target group ceased their violent and aggressive behavior 80 percent of the time. In addition, a new unit with unlocked doors was established for cooperative students. Appendices include discussion questions, responses of students, and mental health worker comments. (17 references) (DB)

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USING CLASSIC LITERATURE TO REDUCE VIOLENCE AND AGGRESSION IN EMOTIONALLY HANDICAPPED ADOLESCENTS

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A Practicum Report

Submitted to the Faculty of the Center for Advancement of Education of Nova University in partial fulfillment of the requirements for the degree of Master of Science.

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Abstract

Using Classic Literature To Reduce Violence And Aggression In Emotionally Handicapped Adolescents.
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The high incidence of physical abuse inflicted on mental health workers by severely emotionally disturbed students who reside in a private residential treatment center was addressed by implementing a multi-modial approach to the present literature curriculum. It includes the introduction to and continued practice of newly acquired prosocial competencies through the use of classic literature. Three screening devices, Van Nagel Problem Behavior Checklist, Student Social/ Personal Skill Deficiency Survey, and Student Referral for Time Out, were employed to identify the target group. These students have displayed aggressive and violent behavior to a marked degree in multiple environments over an extended period of time. The program utilizes a variety of activities to encourage freedom of expression for the enhancement of academic, behavioral, and moral growth. The program provides for an identification with characters in selected classic literature, uses discussion questions to solve personal problems, uses critical thinking skills to establish cooperation with authority figures, and methods for maintaining remediated behavior. The results were significant in that a new unit containing cooperative students was established within the facility, and the doors to that unit were unlocked for the first time. The results from the behavioral inventories provided significant information pertaining to specific patterns in the development of student progress. The target

group demonstrated that emotionally handicapped students with a primary diagnosis of conduct disorder or oppositional defiant disorder, have the ability to utilize and maintain learned prosocial competencies over multiple environments. It was concluded that the behavioral screening devices and the subsequent utilization of data provided a vehicle to facilitate an increase in student prosocial behaviors and the goal of decreased physical abuse was achieved. Appendices include risk management statistics, behavioral instruments, comprehension questions, problem solving questions using critical thinking skills, skillchecks, computer programs, classic literature, and student responses to discussion questions.

Authorship Statement/Document Release

Authorship Statement

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give this testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my work, presented here, will earn similar respect.

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CHAPTER I

Purpose

The facility for which this practicum has been developed is classified as a private residential treatment center endeavoring to provide individualized care for each patient. The length of stay may range from three months to two years. Children reach the facility as the result of state referral agents, private insurance agents or judicial referrals. The facility may house as many as sixty patients, ranging in age from seven to nineteen. The children are provided with an education according to their individual needs.

Upon entering the facility, the children are evaluated by a psychiatrist, psychologist, social worker and medical doctor. A nurse administers a vision and hearing screening test. Teachers carefully review an educational history on all the students. The lead teacher administers the Kaufman Test of Educational Achievement (K-TEA) to each student, which serves as a guide to place the child in the appropriate

grade level materials. Through careful teacher observation of student responses during the time of testing, the teacher may request a speech and language screening be given to the student by a certified speech pathologist, to determine if there is a need for speech and language services.

There are six classrooms in the facility, three for Severely Emotionally Disturbed (SED) students, two for Dropout Prevention (DOP) students and one for Hospital Homebound (H/H) students, with one teacher and teacher aide per classroom. The SED classrooms have an average pupil/teacher ratio of ten to one. The ability levels of these students range from one to three years below their actual chronological age.

The writer serves as the lead teacher in the facility as well as an SED classroom teacher who is responsible for teaching math, social studies, literature and social/personal skill development to nine middle and high school students. In addition to all the necessary record keeping for each student, the writer attends child study team and staffing committee

meetings to provide and obtain information pertaining to the educational needs and placement of students.

As students enter the facility, the first sound they hear is the echo in the corridor of the large door locking behind them. Students are given two days of orientation by mental health workers as to their living arrangements, daily schedules, rules and regulations of the facility. By the time students enter the classroom, the resentment, fear and anxiety is obvious in their body language and facial expressions. Many times during class, for what seems to be for no apparent reason, the students express their emotions through acts of aggression and destruction. For example, during a math lesson, the teacher may witness the ripping of paper, pencils breaking and a math book being thrown into the wastebasket. According to Barnes (1991), children find a means of behavior that somehow enables them to feel safe and to some degree in control.

Classroom teachers follow an emergency procedure where students quickly evacuate the classroom, leaving the violent student alone until help arrives. At this point, the education process is not only difficult, but

the classroom is a potentially dangerous place to work. Maintenance personnel are kept busy repairing broken windows, doors and furniture. According to Goldstein (1980), aggression reflects such specific behaviors as fighting, disruptiveness, profanity, irritability, high levels of attention-seeking behavior and low levels of guilt feelings.

Students at this facility display aggressive and violent behavior to a marked degree over an extended period of time. Statistics from Risk Management for the past three consecutive school years reveal that student aggression and violent behavior has increased each year. The 1987-1988 school year statistics (Appendix A: 50) report a total of 58 staff and student injuries inflicted by students, with 38 of those being staff injuries. Statistics from the 1988-1989 school year (Appendix B: 52) report a total of 42 of the same type of injuries with 36 of those being staff injuries, and the 1989-1990 statistics (Appendix C: 54) report a total of 93 injuries inflicted by students with 51 of those being staff injuries.

During this same three year period, there were no teachers injured, even though the number of injuries

are rising each year. Teachers are, however, constantly threatened verbally and bombarded with profanity. In a recent survey (Appendix D: 56), approximately 50 percent of the mental health workers, teachers, social workers and classroom aides have responded and circled their profession. All the teachers reported that they have never experienced physical abuse from a student. Social workers and classroom aides reported a few isolated cases of physical abuse; however, 80 percent of the mental health workers reported that they have been physically abused by students.

The most pressing problem at the facility is the discrepancy between the high incidence of physical abuse from students inflicted on mental health workers as compared with zero injuries reported by teachers. Both the school program and the residential program are consistent with rules in a controlled environment and both have a very low turnover rate in employees. In multivariate statistical studies of problem behavior, Quay (1986) commented that almost without exception, a pattern involving verbal and physical aggression is associated with poor interpersonal relationships with

both adults and peers. Discussions between the teachers and mental health workers revealed that students had no respect for authority figures who did not earn a college degree and that student behavior ranged from reluctant to hostile regarding requests from mental health workers to students.

When students are behaviorally aggressive in the classroom, they are given a referral (Appendix E: 61) to the "time-out" or "cool-down" room on the unit where the student must identify the reason for the referral and how the student could have behaved differently to have avoided getting the referral. The process of problem identification varies with each student, but once the problem and alternative strategies are identified, the student may return to the classroom. Complete referrals are kept in the student's confidential file along with the Van Nagel Problem Behavior Checklist (Appendix F: 64) which is used to identify problem behaviors which occur regularly. The checklist is completed by various hospital staff members who act as "significant others" to the students during their residency. For example, the student's primary counselor, social worker, mental health worker,

teacher or residential supervisor may complete the form. When all the information is gathered, a determination is made as to what behaviors are consistent over various environments.

The target group was selected from those students who had the most referrals for violent/aggressive behavior over multiple environments for a prolonged period of time. These students coincidentally had higher patterns of checkmarks in the area of aggressive behavior on the Van Nagel Problem Behavior Checklist. The target group consists of eight students and meets from 12:15 to 1:00 p.m. Monday through Friday in the SED classroom.

The following objectives were addressed: Within a designated period of 12 weeks, 50 percent of the students in the target group will decrease aggressive behaviors toward mental health workers by 25 percent, as measured by the decrease in the number of checkmarks in the area of aggressive behavior on the Van Nagel Problem Behavior Checklist (Appendix F: 66).

During the same 12 week period, 40 percent of the students in the target group will improve the articulation of their inner feelings in an appropriate,

nonviolent manner by 20 percent, which can be measured by having professionals who deal specifically with the target group complete the Student Social/Personal Skill Deficiency Survey (Appendix D: 56).

Using problem solving techniques and critical thinking skills, 20 percent of the target group will develop 10 percent of the prosocial competencies needed to refrain from inflicting injuries upon peers and mental health workers at the facility, as measured by risk management statistics during the time of implementation (Appendix X: 115).

CHAPTER II

Research and Solution Strategy

There is an ever-growing amount of literature concerning the prosocial skills that the violent/aggressive child must learn in order to express anger, frustration and hurt without inflicting their pain onto others. Among those who claim to have a high degree of success in replacing antisocial behaviors with prosocial behaviors is Dr. Arnold Goldstein who coined the term "skill-streaming," a planned curriculum designed for youth who need to unlearn their aggressive behaviors. According to Goldstein (1988), chronically aggressive youngsters are characteristically individuals with a life history in which, from their early years on, aggression was frequently used and used successfully, by family, peers, media figures and other constituting the youth's real-world environment. Such aggression by others, increasingly learned and used by the youth, is very often richly, reliably and immediately rewarded. It works; it pays off; it is

reinforced--thus making it behavior that is quite difficult to change.

Goldstein's "Skillstreaming" is a ten week curriculum beginning with a social skill deficiency test which is completed during the first week by adults and peers who know the student well. The information is used to decide which skills to teach a given group of youngsters. Weeks two through ten include problem-solving training, situational perception training, anger control training, moral reasoning training, stress management training, empathy training, cooperation training, and transfer and maintenance of skills. After the completion of the ten week course, the social skill deficiency test is given to a different group of peers and adults who know the student well and a comparison is made of the pre and post tests to access any changes or progress on the part of the student toward prosocial behaviors.

As the literature clearly points out, there are several ways to successfully make an effective behavioral change in adolescents with emotional problems. One of the most popular methods is

bibliotherapy. Riordan and Wilson (1989) have examined recent studies using bibliotherapy to elicit behavioral change. Of fourteen such studies, eleven reported positive results while three reported negative findings. Four studies using bibliotherapy either individually or as part of group discussions, found it helpful in changing adolescents' inappropriate behavior.

Vee Garry (1990) believes that bibliotherapy helps kids cope with their problems. Garry also asserts that there is an abundance of children who feel the pain of rejection, jealousy, fear, and unresolved anger. A child's problems, anxieties, and frustrations may be overwhelming. Their world can seem cruel and harsh. They can be besieged by numerous and complex relationships that they may not comprehend, but for each problem or anxiety, there is a book that depicts someone in the same situation. Children are often comforted when they discover that someone else has a problem similar to their own. Parents and teachers can use books to create an atmosphere of open discussion about problems.

Recently published children's books deal with a wide range of social and personal problems. Using a book to help a child understand and cope can be beneficial. Books can, and should be used to increase awareness of problems, as well as to help solve them. Books may not solve problems alone, but they do allow the reader to become objective and view the problem from another prospective. Garry (1990) claims that reading the right book at the right time is therapeutic.

Helen Elser (1982), now a retired Medical Librarian and Supervisor of the Francis Lincoln Memorial Library at Danvers State Hospital in Hawthorne, Massachusetts, found that patients responded appropriately to the atmosphere of the library and were able to repress much of their "acting-out" behavior. When the same patients were taken back to the ward, these patients resumed their abnormal behavior. Elser started bibliotherapy sessions with alcoholic, psychotic, schizophrenic, and geriatric patients. Elser worked with criminally insane adolescent groups

as well. The adolescents were reluctant to form the group at all. These patients acted out with hostility and resentment toward the authority figures in the group which were the ward attendants. After a few weeks of delinquent behavior from the adolescents and determined perseverance from Elser, the group found that lyrics from popular songs provided the appropriate material for discussion. Not all of the patients could verbalize their feelings, rather the adolescents chose to draw emerging emotions.

Elser (1982) recommends that a bibliotherapist use two questions to serve as a guideline for each session. Does the selected material address the immediate goals for the group? Will the materials be interesting enough to stimulate enthusiasm within the group?

The patients at Danvers State Hospital profited immensely from the bibliotherapy sessions. Every patient has a curiosity about their particular illness and many hospitals have a medical library which can be a fruitful source of material for the bibliotherapist. Mental patients gain understanding about themselves

from all types of educational programs provided by hospitals.

At its best, bibliotherapy is a complex process involving the use of books to help change pupil's attitudes and behavior. A bibliotherapist must devise a daily management plan that offers the time and opportunity for individuals to examine issues and problems relevant to their own lives through themes of literature. Bibliotherapy requires a special sensitivity during discussion when teacher and pupil sit together to examine the story's problems which should be directly related to student population (Bohning, 1991).

Joanna Sullivan of Florida Atlantic University (1987) interviewed many teachers in central Florida and found that a significant number of teachers were quick to report a rising number of troubled students in their classes. Most of these teachers use story time not to entertain students, but rather use it as a catalyst for the discussion in the hope of sensitizing students to current social concerns and helping children seek solutions to personal problems.

When using bibliotherapy in the public schools, Sullivan (1987) suggests a three part planning program: (1) inform and involve parents, (2) make the appropriate book selections, and (3) review each book to be read aloud that would capture the pupil's attention and stimulate critical discussion. Parents should always be informed about their children's education. Letters to the parents would explain the program and encourage continued discussion at home. Teachers, with the help of the school or community, can always make the appropriate selections. The purpose of story discussion is to examine the story's situation, apply that situation to life and to oneself.

As children grow and mature, their needs change. Children are becoming more aware of a rapidly changing world and the diversity of the people around them. Hendrickson (1988) believes that even though no two students react the same, one constant remains: an interest in books and a love of stories. Bibliotherapy need not be an individual activity, reading special stories can be used in the classroom. Reading a book

together in class may allow for divergent thinking among students producing group responses that may be just what is needed, but might not have been arrived at by a single student. The teacher or librarian need not worry that every child in the group has experienced the same problem because the time may come when another child in the group may find himself in a similar situation some day. Each bibliotherapy session provides background and insight for future problems.

Educators and librarians realize that in order for a child to learn well and succeed in interpersonal relationships and handle crises in an acceptable manner, the child must feel a sense of security and well-being. When children feel their world is crumbling around them, they hardly can be expected to function on a high level of emotional responses. According to Hendrickson (1988) literature can give a child insight into his situation as well as possible alternatives for solving a personal problem.

Mary Futrell, president of the National Education Association (1986:1), stated "People are afraid that the moral fiber of our country is falling apart."

According to Schrader (1990), when Roger Brown addressed the Harvard University Graduate School of Education in 1988, Brown brought to attention the subject of morality. The point Brown was trying to make was that when a group of people cooperatively make a moral decision, these people must come to terms with each other's point of view, which we usually need not do when we are making moral decisions alone. To Piaget, the idea of cooperation was important, both within and beyond Piaget's work on moral development. Piaget pointed out that the word cooperation consists of "co-operation," which is carrying out operations together. Cooperation is one of the major factors in decentering or moving beyond any given egocentric tendency.

In 1958 Lawrence Kohlberg completed his doctoral dissertation at the University of Chicago. According to Modgil and Modgil (1986), Kohlberg's initial statement emphasized the need for teachers to engage in the presentation of genuine difficult moral conflicts and communicate with students in such a way that children are exposed to new cognitive elements.

Schrader (1990) noted that Kohlberg devised six stages of moral development, and in these stages, under the heading "Reasons for Doing Right," Kohlberg listed the reasons for acting morally that are characteristic of each stage: "avoidance and punishment" at stage 1; "to serve one's needs and interests" at Stage 2; "the need to be a good person in your own eyes and those of others" at Stage 3; and so on. The primary method of moral education is the stimulation of cognitive conflict through the discussion of moral dilemmas.

Modgil and Modgil (1986) devised a format of moral education similar to the one Lawrence Kohlberg used in 1958. Modgil and Modgil structured a mini-course in human relations which used the following nine hypothetical dilemmas:

1. Rules people have given us
2. The place of rules in society
3. Exceptions to society's rules
4. The individual's need for other people
5. Helping other people
6. The self and others

7. The place of law, judges, and police

9. Law-breaking and the place of punishment.

Modgil and Modgil's approach attempted to give students a sense of structure and order through what they called the "principal discussion" method. Children were given study notes on each of the preceding topics to provide structure and direction for the learning sessions.

A pretest was given to all the students using Kohlberg's moral dilemmas to determine at which stage of moral development the students were functioning. The group chosen consisted of seventeen adolescents who were reasoning at the conventional level, which is stage three of Kohlberg's "Six Moral Stages of Development."

The issues raised in class were designed to produce a reflection on moral conventions and consider alternative, sometimes novel, solutions. Modgil and Modgil (1986) encouraged what Kohlberg calls postconventional morality. The initial meetings with students consisted of direct discussion of moral theories and principles. The teacher structured the initial class meetings, then increasingly relinquished

control of topics as the class progressed. Discussions were always informal and conducted in a relaxed atmosphere.

The purpose of the eighteen week course was to draw out those ideas which embody a more critical attitude toward moral issues through asking questions and helping students to sustain their critical thinking skills during discussion. The results of the post-test given at the end of the course indicated that a significant growth in moral development had occurred. Students reached the fifth stage, which is the social contract or utility and individual rights stage. Kohlberg, as quoted by Modgil (1986:489) stated, "The reasons of doing right is because of one's own sense of obligation to law and to abide by the law for the welfare of all and for the protection of all people's rights."

The most logical and direct approach to the problem would have been to train mental health workers. A small sample of the topics used for training would have been as follows: (1) how to avoid a power struggle with the violent/aggressive student, (2) how

to maintain a calm composure when approaching this type of child, (3) knowing what behaviors to ignore, realizing that these children seek attention negatively, (4) knowing when to intervene before a situation becomes uncontrollable, and (5) knowing how to command respect rather than demand it.

While in attendance at a conference with the director and assistant director of the facility, there was an immediate realization that educating and training over 75 employees, three hours per week for twelve weeks is not cost effective. If the high incidence of physical abuse from students inflicted on mental health workers was going to be reduced, student behavior would need to be altered.

During a discussion with the SED teachers at the facility, the subject of presenting a modified prosocial mini-course to the students similar to the one developed by Arnold Goldstein was rejected by the teachers. Teachers reported that Goldstein's course was previously used by two instructors who measured little or no progress in students' behavior after the ten week course. Students complained that the class

was boring and that it was just one more thing they had to learn. More often than not, group discussions dealing with appropriate behavior often become a series of rhetorical questions.

After consulting with the SED teachers at the facility for the second time, it became very apparent that students were attentive and more behaviorally appropriate when a student volunteered to discuss a personal problem. Students were supportive, sympathetic, and offered suggestions to the troubled adolescent. Students with emotional problems need extensive motivation, a variety of learning modalities to suit individual needs and topics of interest which relate to their immediate problems. Every time an incident happened in class, such as name calling, a fist fight, or the disappearance of individual objects, the stage would be set for processing the problem the way Kohlberg suggests by asking questions to draw out those ideas which create solutions to problems. However, students might enjoy processing problems during math class, and therefore create more problems to keep from doing assignments. Teachers are also

bound by rigid schedules, curriculum objectives and long term goals.

After reviewing the literature and attending meetings and conferences, this writer concluded that the most reasonable solution to the problem of how to reduce the number of incidences of physical abuse inflicted on mental health workers by students, was to devise a unique program based on the idea of bibliotherapy which can be used in the classroom. This program would use the discussion and reading of literature as a means of producing an effective behavioral change in violent/aggressive students. By using problem solving skills, the students may cooperate with and have respect for authority figures in the facility and eventually maintain their newly acquired prosocial behaviors in all environments. Reading literature is part of the language arts and English curriculum and students look forward to reading stories after lunch. Those students who were selected for the target group can now read literature and have follow-up discussions about the characters' problems, emotional states, morals, and values. The students

must try to solve problems for the characters as these problems emerge in the text. Students may learn to problem-solve and move from egocentric tendencies to a realization that peer behaviors affect the lives of others in many ways.

CHAPTER III

Method

In order to perceive the method that was used during the implementation of this program, a clear understanding of the tasks involved is necessary. Students needed to solve problems, which in this situation, is the student's way of learning to use resources, both internal and external. Students needed to internalize the meaning of responsibility, courage and confidence to assume the initiative in overcoming obstacles. There are problems of interpersonal relationships, of understanding concepts, of acquiring and performing skills, as well as problems which deal with moral, expressional, practical, and theoretical themes. The problem-solving process which uses ordinary questions, comments, and activities, may yield a remarkable growth and development in student abilities.

A special Child Study Team composed of SED teachers and mental health workers, met in the lead teacher's

classroom to collectively decide which students will represent the target group. Those students who received the most referrals for violent/aggressive behavior, those who had the most checkmarks on the Van Nagel Problem Behavior Checklist and those who physically abused mental health workers, comprised the target group. Selection was narrowed down to eight students who would profit the most from this program. To substantiate their decision, the Team reviewed the psychiatric report of each student selected to verify a diagnosis of violent/aggressive behavior. Mental health workers were invited to observe the classroom as the program was being implemented.

The writer served as the facilitator of this program and implementation took place in the classroom. Members of the target group were assigned to this writer's classroom for their regular literature class. This curriculum based program provided students with 225 minutes of instruction per week, for twelve weeks, using a variety of learning modalities. The Child Study Team met every two weeks to discuss the strengths and weaknesses of the program and provided suggestions for corrections. They also reported on the occurrences

of violent/aggressive behavior as it occurred within the target group over various environments. The psychiatric nurses stationed on the units expressed a need to join the Child Study Team in an effort to coordinate behavioral expectations throughout the facility. Nurses charted patient after school behaviors on a daily basis, delivered these reports to each Child Study Team meeting, and reported the prosocial skill development of the target group members.

Sometime during the course of an academic day a student may have completed his assignments and requested free-time. Free-time is, for the most part, a structured activity. The student may at this time choose from a variety of activities that are available such as arts and crafts, puzzles, running errands, or using the computer. Students in the target group wishing to use the computer as their free time activity, had the opportunity to use three new computer programs obtained especially for the enhancement of their problem-solving abilities. The programs were obtained through the Minnesota Educational Computer Center (MECC). The programs are: Problem-Solving

Strategies, Oregon Trail, and Odell Lake (Appendix G: 67). These programs provided sufficient structure to the task, consequently students were able to investigate choices and outcomes. The SED teachers agreed to allow the target group students to use the new computer programs during their earned free-time.

The literature used in this program is taken from Pacemaker Classics, a division of David S. Lake Publishers. It consists of high-interest reading materials for students in grades five through twelve who have a reading ability of grades three to five. This classic literature has been abridged and adapted by professional writers in order to provide motivational reading for both disabled and reluctant readers. These books enable the special student to share the literary experience of other young readers. The vocabulary, comprehension questions, and SkillCheck questions are taken directly from the teacher's guide.

During the first two weeks, students read and discussed A Tale of Two Cities by Charles Dickens (Appendix H: 69). The SED teacher began by reading a synopsis of the life of the author and discussing the personality and character of Charles Dickens. The

teacher continued to read Chapter 1 and describe the characters as they appeared in the text. This helped to introduce the vocabulary the students encountered in their own reading. The teacher also shared the anticipation of an exciting adventure story. Students took turns reading the 92 page classic aloud and the teacher initiated discussion by asking two or three comprehension questions to the group (Appendix I: 71), before the next student begins to read.

This story was chosen mainly to instigate a classroom discussion of violence. It was important that the student's definition of violence was clear and that as a group we had the opportunity to analyze it through a series of questions (Appendix J: 73). Through the discussion of violence, students were made aware of the violence that exists within the facility. Students were given the opportunity to creatively solve the problem and suggest steps for the maintenance of a violent-free facility. As students made suggestions, the teacher wrote student responses to the questions. A copy of the discussion questions and answers were given to all mental health workers in the facility with an open invitation for group clarification (Appendix K:

75). If students wanted to earn bonus points for their literature grade, they completed the SkillCheck questions (Appendix L: 81).

During weeks three and four of the program implementation, the students read Jane Eyre by Charlotte Bronte (Appendix H: 69). The teacher began by reading a synopsis of the life of the author, and as the reading continued, the teacher drew parallels between the author's real life and that of Jane. The new vocabulary and a small description of the characters were discussed as the story unfolded. Students answered the series of chapter questions (Appendix M: 83) as they emerged in the text. Some questions asked students to recall details from the story, others were designed to have students draw an inference from a character's thoughts, feelings, speech, or actions. Students had the opportunity to earn bonus points for their literature grade by completing the SkillCheck questions (Appendix N: 86).

The primary reason for choosing to read this story, was that some students at the facility were able to identify with Jane, as they are presently in the care and custody of Health and Rehabilitative Services

(HRS). In solving Jane's problems, using a list of questions (Appendix O: 88), students understood the motivation of her actions and realized the moral values that she has acquired. The questions were designed, using Bloom's Taxonomy, to motivate students into developing their critical thinking skills.

The Scarlet Letter by Nathanial Hawthorne (Appendix H: 69), is available in a 217 minute video cassette, and was shown to the students in segments of 30 minutes per day during weeks five and six. Fifteen minutes of the 45 minute literature class was devoted to the discussion of story development, characters, plot and theme. Students compared the moral values of society in 1642 with those of today, using discussion questions (Appendix P: 90), focusing mainly on the need for kindness and understanding. A copy of student responses to questions which would indicate the level of student moral development, was given to mental health workers with the invitation to respond (Appendix Q: 93).

After the completion of weeks five and six, a Child Study Team meeting took place in the lead teacher's classroom to discuss the program development and a need

for program remediation. At this time, teachers, nurses, and mental health workers commented on any changes, positive or negative, concerning the attitudes and behaviors of the target group. During the meeting, the lead teacher suggested a "cooperation" poster campaign that was implemented by all the teachers. Instructors were given a lesson plan containing an introduction to the activity explaining the need for cooperation throughout the facility. Teachers were asked to encourage student creativity and emphasize that color scheme is very important in the overall presentation. Prizes were awarded to those students whose posters were the most symbolic of the word cooperation, as well as creative and colorful. Mental health workers and psychiatric nurses were the judges of the first, second, and third place winners whose posters were displayed in the lobby.

During the seventh and eighth week of program implementation, students read the classic adventure story, The Time Machine by Herbert George (H.G.) Wells (Appendix H: 69). The teacher read a synopsis of the life of the author and gave a brief description of Wells' other popular novels. Wells was the first

person to write a book about traveling into the future. The teacher explained the primary motivation for Wells to write his story was to change the working conditions of England's poor in 1895. As the story unfolded, students saw the very bleak future that Wells painted for the wealthy people. Before the students began reading the book, peers had to describe what the world might be like 800,000 years into the future.

The teacher began by reading Chapter 1, introducing the characters and new vocabulary as they emerged in the text. Students took turns reading aloud and answering the chapter questions as they occurred in the story (Appendix R: 100). At the end of chapter six, the teacher will lead the students in a discussion of what they would do if they found themselves in a world like the one described in the book. Using a variety of art materials, students had the opportunity to show what they thought the "Green Palace" or how other places in this future world might look. As students attempted to answer Chapter 6 questions, the teacher discussed the distortions of terms in the story. For example, the Eloi could be the elite class in England at that time and the workers could be the Morlocks. At

the end of the story and chapter questions, students answered and discussed the SkillCheck questions (Appendix S: 103). They took extra time with question four, as they related it to their present life, immediate future and 20 years into the future. During the Child Study Team meeting, after the eighth week of program implementation, psychiatric nurses proposed the idea of having members of the group act as behavior mentors to aggressive peers who were new to the facility.

Weeks nine and ten of the program implementation was devoted to reading and discussing the classic story of Frankenstein by Mary Shelly (Appendix H: 69). The teacher read a synopsis of the life of the author and pointed out that there was much joy and sorrow in Mary Shelly's life. The story was written as a bet between friends to see who was the most interesting writer. At the completion of the story, students were asked to draw parallels between the author's life and that of the famous scientist, Victor Frankenstein. The teacher began by reading Chapter 1, introducing the characters as they emerged in the text and asked questions concerning story details and inferences drawn from

character's thoughts, feelings and actions (Appendix T: 105).

This classic tale was chosen primarily for the students to observe the good and evil in all of us. Using the problem solving process, students collectively decided what alternative strategies peers might use to eliminate the evil thoughts peers sometimes get. Students discussed the moral aspects of the creature's personality as well as that of Victor Frankenstein. During a debate, those students who sided with the scientist defended his point of view and those who sided with the creature defended his. Students who must adhere to the rigid guidelines of a behavior management system, rarely get to express their point of view without being penalized for it. The debate was a rather unique situation for the group. Students and mental health workers were surprised to discover how orderly an argument could be. Each member of the opposing teams were awarded "Bonus Bucks" that could be used at the group's next outing. The group produced a list of the good and undesirable situations in the facility and discussed ways to remedy the undesirable situations. At the end of the story and

discussion sessions, students had the opportunity to earn bonus points for their literature grade by completing the SkillCheck questions (Appendix U: 108).

During the weeks eleven and twelve the students viewed the 113 minute original black and white classic movie Dr. Jekyll and Mr. Hyde written by Robert Louis Stevenson (Appendix H: 69). Students in the target group were given an introduction to the life of Stevenson and how this story originated. It is a lesson about drugs and how they can change anyone who uses them. By watching the movie, students will examine the violent behavior of a person addicted to drugs. Twenty minutes of each class session was used for answering questions about the story and discussing setting, plot, and characterizations (Appendix V: 110). Pupils were asked to describe how someone's appearance and personality can change as a result of taking drugs. Just before the final scenes of the movie, students analyzed Jekyll's complex personality and collectively designed a treatment plan to alleviate Dr. Jekyll's drug problem, reduce his violent behavior, and introduce him back into society as the caring physician that he once was. The target group chose the lead

teacher to act the part of Dr. Jekyll. Each student chose to play the part of a "significant other" in Jekyll's life. For example, one student chose to be Jekyll's psychiatrist, another chose to be his lawyer, another his nurse, and so on. Students created a Child Study Team meeting during literature class to diagnose Jekyll's problems and decide what methods of treatment would be most effective. At the end of the movie, students discussed the SkillCheck questions (Appendix W: 113).

Three days before the implementation process came to a close, the Child Study Team met to discuss the progress of target group students who were acting as behavior mentors to new students in the facility who were also exhibiting behavior problems. When a target group member managed to calm an escalated student before he was totally out of control, the mental health workers, teachers, or nurses would report the incident to the lead teacher who recorded what happened. Child Study Team members were asked at this time to verbally evaluate the program in terms of strengths and weaknesses.

CHAPTER IV

Results

It was the intent of this practicum to affect the attitudes and behaviors of violent/aggressive students at the facility through the regular classroom curriculum. The delivered outcome objectives reduced the number of injuries inflicted on peers and staff members. After program implementation, all data pertinent to this program was accumulated and evaluated. On the final day of the program, the Van Nagel Problem Behavior Checklist (Appendix F: 64) was given to all "significant others" associated with the target group. Mental health workers, primary counselors, social workers, residential advisors and teachers all completed the Checklist. When making a comparison with the first Checklist which was completed at the beginning of the program, the amount of aggressive behaviors toward mental health workers decreased by 50 percent. After 12 weeks of discussion, most of the students in the target group were now able to express their wants, needs, and

emotional states without becoming aggressive or violent. Students have had the opportunity to compare and contrast the many ways that good has triumphed over evil and that kindness is far better than cruelty. Mental health workers, primary counselors, social workers, residential advisors and teachers throughout the facility were asked to complete the Student Social/Personal Skill Deficiency Survey (Appendix D: 56). Success was determined by a 50 percent increase in student's ability to articulate feelings appropriately as reported by mental health workers. The statistics from risk management reported a 23 percent decrease in the amount of staff and peer injuries throughout the facility (Appendix X: 115). These statistics were an ongoing procedure which were compiled weekly through the twelve weeks of the practicum. The 23 percent decrease represents an accurate figure for all peers within the facility. It is not representative of the target group. Initially it was thought that only two students from the target group would reach the goal of maintaining

their newly acquired prosocial competencies for 10 percent of the time. This, however, was not the case. In fact, 50 percent of the target group ceased their violent and aggressive behavior 80 percent of the time over various environments. Students were richly rewarded for their efforts with a fishing trip and an outing to the zoo over a four week period. These students were assigned to act as behavior mentors to new residents of the facility. Twenty-five percent of the new residents quickly adopted the idea of cooperation, kindness, understanding, and mutual respect, regarding the behavior as an expectation in their new environment.

Only 10 percent of the mental health workers responded to the request for comments regarding Discussion Questions (Appendix K: 75). Comments were read aloud in class, and students were surprised to realize that mental health workers were in agreement with students on many issues. This developed a more positive attitude on the subject of cooperation with many members of the target group. Students delighted in

the realization that they also play a significant part in the decision-making process which produces an effect on the working dynamics of the facility. Social workers used Discussion Questions (Appendix O: 88), during group therapy sessions which helped students understand and broaden their awareness of moral expectations in modern society.

Referrals to the "cool down" room for violent/ aggressive behavior (Appendix E: 61), were reduced by 50 percent during the twelve weeks of implementation as compared to the amount of referrals in student's folders twelve weeks prior to implementation. When the Van Nagel Problem Behavior Checklists (Appendix F: 64) were collected from "significant others," and the statistics were compiled, a 50 percent decrease in problem behaviors exhibited by the target group was noted. After the Student Social/Person Skill Deficiency Survey (Appendix D: 56), was collected, the statistics compiled revealed that physical abuse to mental health workers was reduced by 50 percent.

After eight weeks of program implementation, with continued positive reinforcement for students

exhibiting cooperative behavior, a pattern that had been forming was now coming into focus. Often during Child Study Team meetings, members referred to the psychiatric reports when discussing the progress of students. By doing this, members discovered that 50 percent of the target group students who were making significant progress were diagnosed as exhibiting an oppositional defiant disorder or a conduct disorder. The other 50 percent of the target group who did not grasp the concept of positive reinforcement, were diagnosed as exhibiting a form of psychosis. Child Study Team members suggested that unit directors become aware of this pattern, and create a new unit on a trial basis. Students have always complained about the unit doors being locked which gave them a feeling of being incarcerated. The governing body of this facility agreed to unlock the unit doors to a newly created unit for a group of cooperative students with the hope that every month two additional residents will join this group. The final results of this program not only met the three practicum objectives, it initiated a

significant change in hospital policy and procedure, and literally opened the door to possibilities for a special group of emotionally handicapped students.

CHAPTER V

Recommendations

This practicum was very successful in that it met all the objectives and created a positive movement within the facility between residents and hospital personnel. This could not have been the case without the full cooperation of the hospital staff who have expressed their continued support for this project. The SED teachers within the facility are using the foundation of this program in their classrooms. They have taken into consideration the recommendations for remediation given by the Child Study Team and the results of the evaluation process used in this project. Each teacher has selected different various hospital personnel to serve as their Child Study Team. This provides the opportunity for all mental health workers and student's "significant others" to understand the purpose of this program, take an active part in the implementation process, and contribute to its remediation when necessary.

If the monthly statistics from risk management show a steady decline in the amount of staff injuries and student injuries within the facility, this program will be condensed into a handbook for use in this facility as well as other facilities along the west coast of Florida that have the same problems. This program will also be incorporated into the SED manual which will be distributed among the teachers throughout the county. There is a possibility that this practicum mentor and facility director would need to have this program addressed to school and hospital personnel in the form of an in-service and/or workshop.

It is anticipated that the SED teachers within this facility will creatively improve the implementation process of this program, and those improvements will render numerous opportunities that will lead to the refinement of this project. The ability of the lead teacher to effectively monitor, evaluate, and prioritize those improvements, will determine opportunities for future development.

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Appendices

Appendix A

1988 Risk Management Statistics

Appendix A

1988 Risk Management Statistics

Month	Staff Injuries Inflicted by Patients	Patient Injuries Inflicted by Peers
January	10	4
February	3	1
March	0	1
April	2	1
May	2	1
June	1	4
July	1	0
August	2	3
September	4	2
October	1	0
November	8	3
December	4	0
Totals:	38	20

Appendix B

1989 Risk Management Statistics

Appendix B

1989 Risk Management Statistics

Month	Staff Injuries Inflicted by Patients	Patient Injuries Inflicted by Peers
January	2	1
February	5	0
March	2	1
April	2	3
May	0	4
June	6	6
July	2	4
August	3	1
September	2	5
October	9	7
November	1	3
December	2	3
Totals:	36	38

Appendix C

1990 Risk Management Statistics

Appendix C

1990 Risk Management Statistics

Month	Staff Injuries Inflicted by Patients	Patient Injuries Inflicted by Peers
January	3	1
February	1	6
March	0	2
April	2	3
May	4	8
June	5	3
July	11	6
August	7	1
September	5	6
October	4	2
November	4	4
December	5	0
Totals:	51	42

Appendix D

Student Social/Personal Skill Deficiency Survey

Appendix D

Student Social/Personal Skill Deficiency Survey

Please take a moment and complete the following survey. Your responses will be used as a guideline for developing unique teaching methods, presentations, and motivational techniques needed in the affective domain of the education process.

Rate the following by circling the number which clearly represents your agreement with the following statements (circle only one answer, 5 is the highest rating).

1. The student is attentive when someone is talking and makes an effort to understand what is being said. 5 4 3 2 1

   Comments: _____

2. The student lets you know that he or she is grateful for favors and kind deeds. 5 4 3 2 1
   Comments: _____

3. The student requests assistance when he or she is having difficulty. 5 4 3 2 1

   Comments: _____

4. The student respects authority figures. 5 4 3 2 1

   Comments: _____

5. The student will avoid trouble with other students. 5 4 3 2 1

Comments: _____

6. The student will pay attention to instructions and carry them out adequately. 5 4 3 2 1

Comments: _____

7. The student tells others that he or she is sorry after doing something wrong. 5 4 3 2 1

Comments: _____

8. The student verbally abuses staff members. 5 4 3 2 1

Comments: _____

9. The student physically abuses staff members. 5 4 3 2 1

Comments: _____

10. The student lets you know which emotions he or she is feeling. 5 4 3 2 1

Comments: _____

11. The student tries to understand other people's angry feelings. 5 4 3 2 1

Comments: _____

12. The student tries to figure out why he or she is afraid and tries to reduce the fear. 5 4 3 2 1

Comments: _____

13. The student figures out when permission is needed to do something, then asks the right person. 5 4 3 2 1

Comments: _____

14. The student controls his or her temper so that things do not get out of hand. 5 4 3 2 1

Comments: _____

15. The student deals with being teased by others in ways that allow him or her to remain in control. 5 4 3 2 1

Comments: _____

16. The student stays out of situations that might get him or her into trouble. 5 4 3 2 1

Comments: _____

17. The student figures out ways other than fighting to handle difficult situations. 5 4 3 2 1

Comments: _____

18. The student physically abuses his or her peers. 5 4 3 2 1

Comments: _____

19. The student verbally abuses his or her peers. 5 4 3 2 1

Comments: _____

20. The student figures out what he or she has been accused of and why, and then decides on the best way to deal with the person who made the accusation. 5 4 3 2 1
Comments: _____

Please circle your profession

Mental Health Worker Teacher

Social Worker Classroom Aide

Thank you

Appendix E

Student Referral for Time Out

Appendix E

Student Referral for Time Out

Student: _____ Teacher: _____

THIS STUDENT WAS ASKED TO LEAVE CLASS FOR THE FOLLOWING REASONS:

____ OPPOSITIONAL TOWARDS STAFF
____ REFUSAL TO ACCEPT DIRECTION
____ ARGUMENTATIVE
____ DISRUPTIVE TO THE CLASS
____ THREATENING STAFF OR PEERS
____ ABUSIVE PROFANITY
____ SEXUAL ACTING OUT
____ REFUSAL TO COMPLETE ASSIGNMENTS
____ OTHER (SPECIFY)

_____

This student will process their behavior with appropriate staff on the unit and complete the Problem Identification Sheet on the bottom of this referral form. Staff will review and initial the referral and after one hour return the student to class. Students unable to process and complete the problem identification sheet will remain on the unit.

_____

PROBLEM IDENTIFICATION SHEET

1. What happened? (State the problem) _____

   _____

2. What are your feelings because of what happened?

   _____

3. What were you trying to accomplish? _____

   _____

4. What could you have done differently? (List Three Choices)

   1) _____

   2) _____

   3) _____

5. Which of the above choices could have helped you achieve what you were trying to accomplish?

   (Refer to Question #3): _____

   _____

6. What do I need now? _____

7. What do I need to do to work on my behavior? _____

   _____

8. How does this relate to why I'm in treatment? _____

   _____

9. You have identified _____ as a problem area to work on.

STAFF NAME_____ DATE_____

Appendix F

Van Nagel Problem Behavior Checklist

Appendix F

Van Nagel Problem Behavior Checklist

Staff Name_____ Student _____

Date_____

Directions & Scoring

Directions: Place a check mark ( ) if the problem behavior occurs regularly. Leave the space to the right of the problem behavior blank if the problem behavior does not occur or is not significant. Three or more checkmarks indicates an areas of concern.

Scoring: Look for patterns of checkmarks ( ) under each category. Patterns of checks consistent over a period of time are suggestive of a problem in that area. Areas checked should receive corrective instruction and/or therapeutic intervention.

IX. AGGRESSIVE BEHAVIOR

1. Aggressive acts toward staff (general). ___
2. Aggressive acts toward students (general). ___
3. Bites staff. ___
4. Bites students, others. ___
5. Destroys property. ___
6. Brings dangerous objects to school. ___
7. Pushes staff. ___
8. Pushes students. ___
9. Kicks staff. ___
10. Kicks students, others. ___
11. Spits at staff. ___
12. Spits at students, others. ___
13. Hits staff. ___
14. Hits students. ___
15. Trips staff. ___
16. Trips students. ___

17. Throws things at staff. ___
18. Throws things at students. ___
19. Teases or belittles staff. ___
20. Teases or belittles students. ___
21. Becomes angry easily. ___
22. Frustrates easily. ___
23. Verbally aggressive towards staff. ___
24. Verbally aggressive towards students. ___
25. Uses profanity towards staff. ___
26. Uses profanity towards students. ___
27. Picks on or bullies students. ___
28. Tries to boss others. ___

___

Please state your profession_____

Appendix G

Computer Programs Using Problem Solving Skills

Appendix G

Computer Programs Using Problem Solving Skills

Odell Lake, Version 1.0 (Computer Program). DOS 3.3, M7: Apple Computer, Incorporated, 1986.

Oregon Trail, Version 1.6 (Computer Program). DOS 3.3, M7: Apple Computer, Incorporated, 1985.

Problem-Solving Strategies, Version 1.3 (Computer Program). DOS 3.3, M6: Apple Computer, Incorporated, 1985.

Appendix H

Classic Literature

(abridged and adapted)

Appendix H

Classic Literature (abridged and adapted)

Bethancourt, Ernesto T., Ed. Frankenstein. Belmont, CA: Davis S. Lake Publishers, 1986.

Bethancourt, Ernesto T., Ed. The Time Machine. Belmont, CA: Davis S. Lake Publishers, 1986.,

Clare, Andrea M., Ed. A Tale of Two Cities. Belmont, CA: David Lake Publishers, 1983.

Dr. Jekyll and Mr. Hyde. Dir. Victor Fleming, Prod. Victor Fleming. MGM/UA 1985.

Paces, S. E., Ed. Jane Eyre. Belmont, CA: David Lake Publishers, 1987.

The Scarlet Letter. Dir. Rick Houser, Prod. Rick Houser. BBS/WGBH 1988.

Appendix I

Comprehension Questions - A Tale of Two Cities

Appendix I

Comprehension Questions - A Tale of Two Cities

1. How old is Miss Manette when the story begins?
2. Where did Miss Manette first see her father?
3. Darnay was tried for being a spy. Was he found guilty?
4. Gaspard was a poor man who had a little boy. What happened to the boy?
5. What did Dr. Manette do if anyone talked about the Bastille?
7. Before the wedding, Darnay told Dr. Manette some bad news. What did Darnay tell the doctor?
8. What did Defarge do at the Bastille in 105 North Tower?
9. Why did Gabelle send a letter to Darnay?
10. Why was Darnay taken prisoner in France?
11. Why did Lucie and Dr. Manette go to Paris?
12. The jury found Darnay not guilty. Who was the witness that saved Darnay?
13. Why was John Barsad willing to help Darnay escape from prison?
14. What was on the paper that Monsieur Defarge found in 105 North Tower?
15. Why did Madame Defarge hate the Evremonde family?
16. How did Sydney Carton get Darnay out of prison?
17. What happened to Sydney Carton?

Appendix J

Problem Solving Questions Using Critical Thinking Skills - A Tale of Two Cities

Appendix J

Problem Solving Questions Using Critical Thinking Skills - A Tale of Two Cities

1. Why did spectators gather to watch public executions back in 1789?
2. Are many people today opposed or for capital punishment?
3. Why do you think films that portray acts of cruelty and violence are so popular?
4. How are people affected by the violence that they see?
5. How are people affected by the increase in violent street crimes?
6. What is your definition of violence?
7. Do you think that there is a great deal of violence in this facility?
8. What do you think causes this violence?
9. What do you think the violent/aggressive person accomplishes?
10. Describe the personality of a violent person.
11. How can we help the violent person think differently and stay in control?
12. If you were in charge of this facility would you punish the violent person?
13. Have you ever been physically abused by another person? If so, how did you feel?
14. Have you ever physically abused someone? If so, how did you feel afterward?

15. What are some ways that we can reduce the amount of violence in this facility?

Appendix K

Student Responses to Discussion Questions

Appendix K

TO: MENTAL HEALTH WORKERS

SUBJECT: REDUCING VERBAL AND PHYSICAL ABUSE

In an effort to reduce the aggression and violence which usually leads to verbal or physical abuse, the SED literature class is using the vehicle of bibliotherapy to accomplish this goal.

The following pages are questions with student responses that were used to advance student critical thinking skills.

Please take a few moments' to read the student's point of view and provide them with feedback on specific questions in the space provided.

Thank you.

1. HOW ARE PEOPLE AFFECTED BY THE VIOLENCE THAT THEY SEE?

People imitate the violence they see.
It can be addictive.
They can suffer a physical reaction, like it is sickening and idolizing.

---

2. HOW ARE PEOPLE AFFECTED BY THE INCREASE IN VIOLENT STREET CRIMES?

People are afraid to go out.
They arm themselves in self-defense.
They mimic the behavior.
People join groups to feel protected and accepted.
i.e.,: Groups are people with same beliefs.
Street gangs are usually up to no good.

---

3. WHAT IS YOUR DEFINITION OF VIOLENCE?

A forceful act of aggression toward another person.
a) in self defense
b) when someone is against you
c) use of any means necessary

---

4. DO YOU THINK THAT THERE IS A GREAT DEAL OF VIOLENCE IN THIS FACILITY?

Yes--too much
Students say they've witnessed other students being hurt by staff both physically and emotionally (unfair judgment, humiliation, judgment of guilt or innocence).
Students say they've witnessed other students hurting peers and staff. The cite instances of broken bones, punching, biting, kicking, spitting, humiliation, and throwing of objects.

---

5. WHAT DO YOU THINK CAUSES THIS VIOLENCE?

Root cause is rebellion against authority.

a) students don't like rules because they are sometimes inconsistently interpreted.
b) students are denied their rights and the mental health workers push their weight around
c) the staff threatens patients
d) staff is physically abusive without provocation--students have been thrown against the wall.
e) staff will consequence students without reason, or will fabricate one.
f) staff will put students in seclusion over trifles.
g) students are denied phone calls for fabricated reasons.
h) staff calls patients "liars" and provokes anger.
i) staff consequences students too severely for minor incidents.

---

6. WHAT DO YOU THINK THE VIOLENT/AGGRESSIVE PERSON ACCOMPLISHED?

a) nothing
b) gets his/her point across
c) make people realize that he/she will not be pushed around.
d) something must be wrong for the behavior to occur
e) some students say they enjoy the consequences of the snug bag, the shots of thorazine and pain.

---

7. DESCRIBE THE PERSONALITY OF A VIOLENT PERSON.

Shy, Quiet, Loud, Aggressive, Angry, Profanities, Uncontrollable Rage, Lacks Memory of the event (blanks out the situation).

(students gave each of these as separate answers or in combination. One even said that one can never know when a violent person will exhibit the behavior.)

---

8. HOW CAN WE HELP THE VIOLENT PERSON THINK DIFFERENTLY AND STAY IN CONTROL?

Students said it depends on the person. Some suggested tactics were: let them alone, be sarcastic, offer kindness.

---

9. IF YOU WERE IN CHARGE OF THIS FACILITY WOULD YOU PUNISH THE VIOLENT PERSON?

a) restrain but not punish
b) redirect the behavior
c) use violence in return
d) press charges (legal action)
e) have the violent person clean up his/her own mess, pay for damages, or have community hours.
f) "Baker Act" them or have them taken to the juvenile detention center
g) no privileges
h) require them to wear hospital gowns
i) any punishment given should match the severity of the incident
j) staff should be better educated
k) peer education of staff at meeting.

---

10. HAVE YOU EVER BEEN PHYSICALLY ABUSED BY ANOTHER PERSON? IF SO, HOW DID YOU FEEL?

Responses by students included: ' vengeful, in pain, angry, hateful, hurt, homicidal, frightened, got used to it, thoughts of the incident(s) still recur, the abuse made a lasting impression.

---

11. HAVE YOU EVER PHYSICALLY ABUSED SOMEONE? IF SO, HOW DID YOU FEEL AFTERWARD?

Responses by students included: powerful, bad, avenged,happy, glad, and "I never forgot it."

12. WHAT ARE SOME WAYS THAT WE CAN REDUCE THE AMOUNT OF VIOLENCE IN THIS FACILITY?

a) train staff to control their tempers
b) give students medication to keep them calm
c) train staff so they will not instigate incidents with patients
d) give patients more freedom
e) start a nonviolence campaign:
i.e.: begin a reward system for bringing a violent person to a calm state.
f) use a buddy system to allow patients to help each other.

Appendix L

SkillChecks - A Tale of Two Cities

Appendix L

SkillChecks - A Tale of Two Cities

1. What caused Dr. Manette to forget his own name?
2. Who did Dr. Manette think Lucie was at first?
3. How did the people of London act when Charles Darnay was tried as a spy?
4. Who do you think killed the Marquis De Evremonde?
5. Who were Jacques One, Jacques Two, and so on?
6. Why was Dr. Manette so upset when he heard that Charles was an Evremonde?
7. Why was attacking the Bastille so important to the people of Paris?
8. Why did Defarge search the prison room where Dr. Manette had been held?
9. Paris was a dangerous place in 1792, even for good people. Why was that true?
10. What caused Mr. Lorry's look of suffering?
11. Why had the Marquis sent Dr. Manette to the Bastille?
12. Do you think Madame Defarge was right to feel as she did?

Appendix M

Comprehension Questions - Jane Eyre

Appendix M

Comprehension Questions - Jane Eyre

1. What did Jane see in the Red Room that frightened her?
2. Why did the doctor help arrange for Jane to be sent away to school?
3. What was the name of the headmistress of Lowood School?
4. Why doesn't Helen Burns object to Miss Scatcherd's treatment of her?
5. What happened to Helen Burns?
6. Why does Mr. Brocklehurst call Jane a liar?
7. How many years did Jane stay at Lowood?
8. Why did Jane decide to leave Lowood?
9. What is the name of Jane's pupil at Thornfield?
10. Why had Rochester become Adele's guardian?
11. Where did Richard Mason come from?
12. Why didn't Jane want to sit with the other guests?
13. What was Mason's wound caused by?
14. Why was Jane frightened while she stayed in the room with Mason?
15. Who sent a letter to Mrs. Reed asking about Jane?
16. Why did Jane act so kindly to Mrs. Reed?

17. Where did Rochester say he had found a job for Jane?

18. Why did Rochester want to marry Jane, even though he was already married to another woman?

19. What did Jane tell St. John her name was?

20. Why did Jane become close friends with Diana and Mary?

21. What did Jane inherit from her uncle in Jamaica?

22. How did St. John realize who Jane really was?

23. Where did Rochester live after Thornfield was burnt down?

24. Why did Jane decide she must go to see Rochester?

Appendix N

Skillchecks - Jane Eyre

Appendix N

Skillchecks - Jane Eyre

1. Why does Jane tell the doctor she wants to go to school?

2. Why does Mr. Brocklehurst think Jane is a liar? How does Miss Temple find out she's not?

3. What is one good result of the fever that spread through Lowood School?

4. List three clues that show something strange is going on at Thornfield Hall.

5. Jane's aunt waits three years before telling Jane about the letter from her uncle. Why? How does Jane respond when she finds out? Why do you think she responds this way?

6. Do you think Jane wants to marry Mr. Rochester because of his money?

7. What happens at the last minute to prevent Jane and Mr. Rochester from marrying? Why are they able to marry at the end of the story?

8. How does St. John discover Jane's true identity?

9. Use two words each to describe these characters: Mrs. Reed, Helen Burns, Mr. Rochester's wife, St. John, Blanche Ingram.

Appendix O

Problem Solving Questions Using Critical Thinking Skills - Jane Eyre

Appendix O

Problem Solving Questions Using Critical Thinking Skills - Jane Eyre

1. Imagine that you are ten years old and the people that you have to live with are mean and condescending to you, what would you do?
2. If a person lived in an environment like that for many years, what would they be like?
3. Do you think the doctor was wise to suggest that Jane go to Lowood School?
4. What might have happened to her if she stayed at Gateshead?
5. Why did Helen Burns display humility, acceptance and forgiveness even when she was treated cruelly?
6. Why did Mr. Rochester keep his insane wife at home instead of putting her into a sanitarium?
7. Did Mr. Rochester have any right to ask Jane to marry him while he was still married to Bertha?
8. Why do you suppose Jane forgave all the people that were mean to her?
9. What kind of an attitude did Jane maintain through all her troubles and moments of sorrow?
10. What kind of a person believes that things will always work out for the best?

Appendix P
Problem Solving Questions Using Critical

Thinking Skills - The Scarlett Letter

Appendix P

Problem Solving Questions Using Critical Thinking Skills - The Scarlett Letter

1. Why was Hester Prynne sent to jail?
2. Do we send women to jail today that have children without a husband? Do you think we should?
3. Why did Hester Prynne have to stand on the scaffold for hours?
4. Do you think there would be less people breaking the law if we were all made to stand before everyone when we did something wrong?
5. What did the letter "A" stand for?
6. Do you think that the small cottage on the edge of town was a fitting place for an adulteress to live?
7. Who was Dr. Chillingworth?
8. Why do you suppose that Dr. Chillingworth did not want Hester to tell anyone that he was her husband?
9. Why do you think that little Pearl behaves appropriately at times and then acts violently at times?
10. When do you begin to suspect that Reverend Dimmesdale Pearl's father?
11. Why do you think the Reverend Dimmesdale is getting so sick?
12. Is the same thing happening to Hester Prynne as well?
13. Where do you think Hester's inner strength comes from?

14. Why do you think that Dr. Chillingworth is so willing to help the sick Reverend Dimmesdale?

15. What kind of a man is Roger Chillingworth?

16. What was the meteor symbolic of?

17. What was Hester Prynne and Arthur Dimmesdale planning to do?

18. Why were they not successful?

19. How do you think a scarlet letter "A" got on the chest of the Reverend Arthur Dimmesdale?

20. Would this story have taken place if the villagers showed compassion for Hester Prynne instead of condemning her?

21. How would you have acted toward Hester if you lived in 1642?

22. Is there a lot of prejudice in the world today?

23. Do you thin there was more prejudice then or is there more now?

24. Do you think that understanding and kindness are important qualities that people should have?

25. How can we help everyone at this facility to be more understanding and kind?

26. Would you think that in order to understand someone better, you would have to spend a considerable amount of time with them?

27. In order to be friends with someone, do you find yourself cooperating with them?

28. What are some of the ways that you cooperate with people?

29. Do you think knowing how to cooperate with others is necessary in life?

30. If the director asked you to be in charge of promoting cooperation throughout this facility, what ideas would you have?

Appendix Q

Student Responses to Discussion Questions

Appendix Q

TO: MENTAL HEALTH WORKERS

SUBJECT: REDUCING VERBAL AND PHYSICAL ABUSE

In an effort to reduce the aggression and violence which usually leads to verbal or physical abuse, the SED literature class is using the vehicle of bibliotherapy to accomplish this goal.

The following pages are questions with student responses that were used to advance student critical thinking skills.

Please take a few moments to read the students' point of view and provide them with feedback on specific questions in the space provided.

Thank you,

1. WOULD THIS STORY HAVE TAKEN PLACE OF THE VILLAGERS SHOWED COMPASSION FOR HESTER PRYNNE INSTEAD OF CONDEMNING HER:

NO, IT WOULD NOT HAVE BEEN A BIG DEAL.

---

2. HOW WOULD YOU HAVE ACTED TOWARD HESTER IF YOU LIVED IN 1642?

IF I WOULD HAVE TREATED HER KINDLY, THEY WOULD HAVE LOCKED ME UP ALSO.
I WOULD HAVE CALLED HER A HUSSY BECAUSE EVERYBODY ELSE DID.
IF I HAD HAD PITY ON HER, THEY WOULD HAVE THOUGHT I WAS THE FATHER.

---

3. IS THERE A LOT OF PREJUDICE IN THE WORLD TODAY?

YES. THE TYPES REPORTED BY THE STUDENTS WERE: RACIAL, AGAINST ANIMALS, AND ALL KINDS OF EVERYTHING.

---

4. DO YOU THINK THERE WAS MORE PREJUDICE THEN OR IS THERE MORE NOW?

THE STUDENTS AGREED THAT THERE IS MORE PREJUDICE NOW. PRIMARILY RACISM BECAUSE OF THE GREATER NUMBER OF CULTURES IN THIS COUNTRY.

---

5. DO YOU THINK THAT UNDERSTANDING AND KINDNESS ARE IMPORTANT QUALITIES THAT PEOPLE SHOULD HAVE?

YES, IT MAKES "GETTING ALONG" EASIER AND COOPERATION IS EASIER.

---

6. WOULD YOU THINK THAT IN ORDER TO UNDERSTAND SOMEONE BETTER, YOU WOULD HAVE TO SPEND A CONSIDERABLE AMOUNT OF TIME WITH THEM?

YES, IT TAKES TIME TO GET TO KNOW SOMEONE.

---

7. HOW CAN WE HELP EVERYONE AT THIS FACILITY TO BE MORE UNDERSTANDING AND KIND?

TREAT THE STAFF WITH KINDNESS AND UNDERSTANDING.
WHEN ASKED, THE STAFF SHOULD OFFER HELP IMMEDIATELY.
WHEN IT IS SO, THE STAFF AND PATIENTS SHOULD ADMIT THEY ARE WRONG.
STUDENTS SHOULD DESIGN AND DECORATE POSTERS ON THE THEME: "KINDNESS AND UNDERSTANDING IS A MUST."
FLIERS SHOULD BE PASSED OUT TO ALL INVOLVED, AND POINTS TO BE MADE IN THE FLIERS WOULD INCLUDE:

A. NO THREATS
B. COOPERATION AT ALL TIMES
C. GIVE YOUR TIME TO EACH OTHER
D. ALLOW TIME FOR OTHERS
E. STAFF SHOULD NOT REQUIRE THE STUDENTS TO BOW DOWN TO THEM IN ORDER FOR FAVORS TO BE GRANTED
F. STAFF SHOULD NOT INTERRUPT STUDENTS WHEN HAVING TELEPHONE CONVERSATIONS WITH IMPORTANT PEOPLE.

---

8. IN ORDER TO BE FRIENDS WITH SOMEONE, DO YOU FIND YOURSELF COOPERATING WITH THEM?

THE MAJORITY OF THE TIME--BUT EVEN FRIENDS HAVE DISPUTES--BUT THEY ALWAYS WORK THINGS OUT. LISTEN TO EACH OTHER. RESPECT EACH OTHER.

---

9. WHAT ARE SOME OF THE WAYS THAT YOU COOPERATE WITH PEOPLE?

LISTEN
RESPECT EACH OTHER
LOOK AND SHARE THEIR POINTS OF VIEW
COMMUNICATE THOROUGHLY
GET TO KNOW EACH OTHER
UNDERSTAND EACH OTHER.

10. DO YOU THINK KNOWING HOW TO COOPERATE WITH OTHERS IS NECESSARY IN LIFE?

YES, IF NOBODY COOPERATED WITH EACH OTHER, WE WOULD HAVE PEOPLE KILLING EACH OTHER EVERY DAY. THERE WOULD BE TOTAL CHAOS, NO PRODUCTIVITY, AND NO ADVANCEMENTS IN WORK, CULTURE, OR EDUCATION.

---

11. IF THE DIRECTOR ASKED YOU TO BE IN CHARGE OF PROMOTING COOPERATION THROUGHOUT THIS FACILITY, WHAT IDEAS WOULD YOU HAVE?

IDEAS SUGGESTED:
ENFORCE RULES
TEACH AND LEARN COOPERATION SKILLS AT CONFERENCES
FIND THE PEOPLE WITH GOOD COOPERATION SKILLS AND HAVE THEM WORK TOGETHER TO KEEP ORDER SO THERE WOULD NOT BE A CONFLICT OR INCONSISTENCY OF RULES.
ESTABLISH A "MOST KIND AND UNDERSTANDING PERSON OF THE WEEK" AWARD.
STAFF SHOULD GET TOGETHER IN A CIRCLE TO HAVE A GROUP THERAPY SESSION TO CONFRONT OTHER STAFF WHO ARE TOO HARD ON PATIENTS AND WHO ARE NOT TRYING TO COMMUNICATE PROPERLY WITH PATIENTS.

Appendix R

Comprehension Questions - The Time Machine

Appendix R

Comprehension Questions - The Time Machine

1. What happens when the white bar is pressed on the model of the Time Machine?
2. Why does the Time Traveler ask someone else to press the white bar?
3. What food does the Time Traveler ask for when he enters the dining room?
4. Why do most of the dinner guests laugh when talking about time travel?
5. What does the Time Traveler think the white sphinx is made of?
6. Why does the Time Traveler feel that he is not in danger when he sees the little people?
7. Describe the food that the little people eat.
8. What are some of the things that make this future world different from our world?
9. What does the Time Traveler do that makes Weena become his friend?
10. Why does the Time Traveler get upset at the little people, saying, "Suddenly, I couldn't bear to look at them"?
11. What are the names of the two kinds of humans that live in the future world.
12. Why does the Time Traveler believe that this future world is like a wormy apple?
13. What frightens the Morlocks?
14. Why does Weena try to stop the Time Traveler from climbing down the well?

15. What does the Time Traveler bring back from the future and show to his dinner guests?

16. Why does the Time Traveler change his mind about the Morlocks and decide to kill them?

17. Why is the Time Traveler able to see a Morlock running toward him at night?

18. Why is the Time Traveler smiling as he walks toward the sphinx?

19. Is the Time Traveler sad at the end of this story?

20. What is different about the Time Traveler's workshop when he returns?

21. Why does the narrator have "hope for the future"?

Appendix S

SkillChecks - The Time Machine

Appendix S

SkillChecks - The Time Machine

1. Why did Filby wink?
2. Where did the Eloi think the Time Traveler was from?
3. Why was it slow work for the Time Traveler to learn the Eloi's language?
4. The Time Traveler said, "The minds of the people were the saddest ruins of all." What did he mean by that?
5. How did the Time Traveler feel when he saw that his machine was gone?
6. Did the Eloi take good care of each other?
7. Why did the Time Traveler feel sorry for the Morlocks?
8. Why did the Morlocks really take care of the Eloi?
9. What was the Green Palace? Why was it helpful to the Time Traveler?
10. What was important about the white flowers the Time Traveler brought back?

Appendix T

Comprehension Questions - Frankenstein

Appendix T

Comprehension Questions - Frankenstein

1. Where is Walton planning to go on his ship?
2. Why is Walton excited about his trip?
3. Who were Frankenstein's two closest friends when he was growing up?
4. Why does Frankenstein's father say that his books are "sad garbage"?
5. Why does Frankenstein like Dr. Waldman more than Dr. Krempel?
6. Where does Frankenstein find bodies for his work?
7. Why does Frankenstein make the creature?
8. What color is the creature's skin?
9. Why didn't Frankenstein want anyone to know about his work?
10. Who does Frankenstein think murdered William?
11. Why do people think that Justine murdered William?
12. Why does the creature say that he is "the unluckiest creature of all"?
13. What do people do when they see the creature?
14. What are some things the creature learns from watching the DeLacy family?
15. What does the creature find in the woods?
16. Why doesn't the creature fight back when Felix attacks him?

17. How does the creature know where to find Frankenstein's family?

18. Why does the creature want Justine to be blamed for William's murder?

19. Where did Frankenstein go to make the second creature?

20. Why doesn't Frankenstein want to finish the second creature?

21. Why does Frankenstein lose his mind for a while?

22. What does Frankenstein ask Walton to do if he ever sees the creature?

23. Why does the creature leave messages for Frankenstein on trees and rocks?

24. What does Walton plan to do when the ice breaks up?

25. Why does Frankenstein say, "Some things are best left to nature"?

Appendix U

SkillChecks - Frankenstein

Appendix U

SkillChecks - Frankenstein

1. What were the first science books Victor Frankenstein read?
2. When the monster first came to life, Victor ran away from him. Was the monster trying to hurt Victor?
3. How did the monster get to know the DeLacys?
4. Why did the monster become so angry at Frankenstein?
5. Why did the monster kill William?
6. What might have happened if Frankenstein had made a bride for the monster?
7. Why did Frankenstein chase the monster around the world?
8. Was Frankenstein's monster smart?
9. What did R. Walton learn from Frankenstein's story?
10. What do you think happened to the monster after Frankenstein died?

Appendix V

Comprehension Questions - Dr. Jekyll and Mr. Hyde

Appendix V

Comprehension Questions - Dr. Jekyll and Mr. Hyde

1. What is Mr. Utterson's profession?
2. Why does Mr. Hyde give money to the little girl's family?
3. When will Mr. Hyde get Dr. Jekyll's money?
4. Why doesn't Mr. Utterson like Dr. Jekyll's will?
5. Who is invited to Dr. Jekyll's dinner party?
6. Why does Mr. Utterson wait until all the guests have left before speaking with Dr. Jekyll?
7. Why does Mr. Utterson decide to take Inspector Newcomen to Mr. Hyde's house?
8. What kind of handwriting does Mr. Hyde have?
9. Why does Dr. Jekyll tell Mr. Utterson that he burned the envelope to Mr. Hyde's letter?
10. What kind of look does Mr. Utterson see in Dr. Lanyon's eyes?
11. Why does Dr. Lanyon tell Mr. Utterson that he doesn't want to hear about Dr. Jekyll?
12. Why do the two men wait before speaking about Dr. Jekyll?
13. Whose body do Mr. Utterson and Poole find lying on the floor of Dr. Jekyll's laboratory?
14. Why is Dr. Jekyll's cook so glad to see Mr. Utterson?
15. Where does Mr. Hyde take the drug that changes him into Dr. Jekyll?

16. Why does Dr. Jekyll think that his life is in Dr. Lanyon's hands?

17. Where does Dr. Jekyll become Mr. Hyde for the first time?

18. At the end of the story, why does Dr. Jekyll write that he is about to die?

Appendix W

SkillChecks - Dr. Jekyll and Mr. Hyde

Appendix W

SkillChecks - Dr. Jekyll and Mr. Hyde

1. Why did Mr. Utterson want nothing to do with Dr. Jekyll's will?

2. Why did Mr. Utterson think Mr. Hyde had something on Dr. Jekyll?

3. What did Mr. Hyde do that had all of London looking for him?

4. The policeman was happy when he went through Mr. Hyde's rooms. Why did he think he would catch Mr. Hyde for sure?

5. What did Mr. Utterson think when he found Mr. Hyde's body in Dr. Jekyll's laboratory?

6. Who was the first person to find out who Mr. Hyde really was?

7. Why did Dr. Jekyll first try to turn into Mr. Hyde?

8. What went wrong with Dr. Jekyll's experiment?

Appendix X

Risk Management Statistics During Implementation

Appendix X

Risk Management Statistics During Implementation

Week	Staff Injuries Inflicted by Patients	Patient Injuries Inflicted by Peers
1	1	0
2	2	0
3	0	0
4	2	0
5	0	2
6	2	1
7	1	2
8	0	0
9	3	0
10	2	2
11	0	1
12	0	0